FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		instructions)		Office use only
1. NAME OF COMMITTEE (in	full) (Check if is change		ng, type 12FE4M5	
Fraternity & S	orority Political Action Co	pmmittee		
ADDRESS (number and	PO Box 5073	1		
(Check if add		<u> </u>		
is changed)	Washington		DC DC	20091 _ 0731
		CITY	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA				1
				
	PAGE ADDRESS (URL)			
none				
COMMITTEE'S FAX I 7038320063	NUMBER			
2. DATE M 1		Y		
3. FEC IDENTIFICA	ATION NUMBER	C C00410068		
4. IS THIS STATEM	MENT NEW (N)	OR X AMENI	DED (A)	
I certify that I have exam	ined this Statement and to the best	of my knowledge and belief it is tr	ue, correct and complete	
Type or Print Name of	Treasurer Margee C	clancy		
Signature of Treasure	r Electronically Filed by Ma	argee Clancy	Date 0	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	alse, erroneous, or incomplete inform	nation may subject the person sig	-	_
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5.	TYPE OF COMMITTEE (Check One)						
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)						
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name of Candidate						
	Candidate Office House Senate President	State					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
		Democratic, lepublican,etc.) Party.					
	(e) This committee is a separate segregated fund						
	(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated from committee.	und or party					
3.	Name of Any Connected Organization or Affiliated Committee						
	None						
l		.					
	Mailing Address	1					
	CITY▲ STATE ▲	ZIP CODE					
	Relationship						
	Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organiza	ation					
	Membership Organization Trade Association Cooperative						
	Trade Association Cooperative						

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Write or Type Committ	tee Name						
Fraternity & So	prority Politic	al Action Committee					
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name	Full Name						
Mailing Address		1251 Dartmouth Cou	rt				
	_	Alexandria	VA	22314			
Title or Position ♥		CITY A	STATE	▲ ZIP CODE ▲			
A	ssistant Trea	esurer	Telephone number _	703 371 5852			
8. Treasurer: List to name and addre	the name and ess of any des Margee Cla	address (phone number opticignated agent (e.g., assistant tro	onal) of the treasurer of the easurer).	committee; and the			
Mailing Address		1251 Dartmouth Cou	rt				
		Alexandria	VA	22314			
Title or Position ♥		CITY A	STATE	▲ ZIP CODE ▲			
т	reasurer		Telephone number _	703 _ 751 _ 0612			
Full Name of Designated Agent	Staci Goed	e					
Mailing Address		1251 Dartmouth Cou	rt				
	_	Alexandria	VA	22314			
Title or Position ♥		CITY A	STATE	A ZIP CODE A			
A	ssistant Trea	surer	Telephone number _	703 _ 371 _ 5852			

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.					
	Mailing Address	Wachovia Bank, NA 1300 I Street, NW				
		Washington DC 2	0005 _			
		CITY △ STATE △	ZIP CODE △			